

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3		/				
4		/				
5		/				
6	/					
7		/				
8		/				
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45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total indep.	6					
Total Depend.	14					
Total Claims	20					

	* May be used for additional claims or amendments		* May be used for additional claims or amendments		* May be used for additional claims or amendments	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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95						
96						
97						
98						
99						
100						
Total indep.						
Total Depend.						
Total Claims						